

COUNTRY

DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe the named inventor(s) to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

claim	ed and for which a patent	is sought on t	he invention e	ntitled:	
	DMA CONTROLLE	R HAVING	PROGRAMN	TABLE CHANNEL PRIORITY	
the sp	ecification of which:	٠			
[] [X]	is attached hereto; was filed on February 25, 2004, as United States Application No. 10/786,853, Confirmation No. 3634, bearing attorney docket No. A0312.70520US00.				
	by state that I have reviewing the claims, as amende			tents of the above-identified specified to above.	ication,
	nowledge the duty to cation in accordance with			is material to the examination egulations, §1.56.	of this
applio		livisional, coi	ntinuing, subs	ney(s) and/or agent(s) to prosecutitute, renewal, reissue, re-exam, connected therewith:	
ANI	Practitioners at Wolf, Gr Customer Number: D Practitioner(s) named be	·	acks, P.C.	23628	
		Name		Registration Number	
			l		
\mathbf{X}_{I}	Direct all correspondence to t	he above-menti	oned customer n	umber	
OR □ C	Correspondence address belov	v:			
	ATTORNEY'S NAME		··. ··. ··. ··. ··. ··. ···. ···. ···.		
	FIRM NAME	. ,			
	ADDRESS	-,**	<u>-</u>		
	CITY		STATE	ZIP	

TELEPHONE

FAX

Serial No.: 10/786,853

Declaration for Patent Application

Address all telephone calls to William R. McClellan at telephone no. (617) 720-3500.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first or joint inventor:

Citizenship:

Residence:

Post Office Address:

John A. Hayden

USA

59 Gavins Pond Road

Sharon, MA 02067

59 Gavins Pond Road Sharon, MA 02067

Inventor's signature

Full name of second joint inventor:

Citizenship:

Residence:

Gregory T. Koker

USA

89 Beecher Place

Newton, MA 02459-2312

Post Office Address:

89 Beecher Place

Newton, MA 02459-2312